



AF/12800

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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/965,987
		Filing Date	09/27/2001
		First Named Inventor	Byron G. Scott
		Group Art Unit	2835
		Examiner Name	Anatoly Vortman
Total Number of Pages in This Submission	15	Attorney Docket Number	H0001705

### ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

Fee Determination Record  
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### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Charles J. Rupnick (Reg. No.: 43,068)
Signature	
Date	December 1, 2003

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:

December 1, 2003

Typed or printed name	Charles J. Rupnick	Date	December 1, 2003
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## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

09/965,987 (H0001705)

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEES	RATE	FEES
BASIC FEE (37 CFR 1.16(a))				\$ _____	OR	\$ _____
TOTAL CLAIMS (37 CFR 1.16(c))	45	minus 20 = * 25	x \$ _____ =		OR	x \$ _____ =
INDEPENDENT CLAIMS (37 CFR 1.16(b))	6	minus 3 = * 3	x _____ =		OR	x _____ =
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+ _____ =		OR	+ _____ =
				TOTAL	OR	TOTAL

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
				x \$ _____ =		OR	x \$ _____ =
Total (37 CFR 1.16(e))	* 44	Minus	** 45 = 0	x _____ =		OR	x _____ =
Independent (37 CFR 1.16(f))	* 9	Minus	*** 6 = 3	+ _____ =		OR	x 84 = 252
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				TOTAL		OR	TOTAL
				ADDITIONAL FEE		ADDITIONAL FEE	252

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
				x \$ _____ =		OR	x \$ _____ =
Total (37 CFR 1.16(e))	* 37	Minus	** 45 = 0	x _____ =		OR	x _____ =
Independent (37 CFR 1.16(f))	* 7	Minus	*** 9 = 0	+ _____ =		OR	x _____ =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				TOTAL		OR	TOTAL
				ADDITIONAL FEE		ADDITIONAL FEE	0

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
				x \$ _____ =		OR	x \$ _____ =
Total (37 CFR 1.16(e))	*	Minus	** =	x _____ =		OR	x _____ =
Independent (37 CFR 1.16(f))	*	Minus	*** -	+ _____ =		OR	x _____ =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				TOTAL		OR	TOTAL
				ADDITIONAL FEE		ADDITIONAL FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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